

PART B - FEE(S) TRANSMITTAL

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34313 7590 04/28/2003

ORRICK, HERRINGTON & SUTCLIFFE, LLP

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Jodie Davis

(Depositor's name)

Jodie Davis

(Signature)

June 5, 2003

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/24,657	11/28/2000	Mark Christopher Doyle	257/087	7712

TITLE OF INVENTION: PASSIVE NEEDLE GUARD FOR SYRINGES

(706737.29)

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$650	\$0	\$650	07/28/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
LAM, ANN Y	3763	604-162000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Orrick, Herrington & Sutcliffe, LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SAFETY SYRINGES, INC.

Carlsbad, California

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee

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☐ A check in the amount of the fee(s) is enclosed. Dep. Acct. 150665

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